

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER C C00053553	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NRA Institute for Legislative Action		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 11250 Waples Mill Road		Amount 1817.17	
City State Zip Code Fairfax VA 22030		Transaction ID: 26942413	
Purpose of Expenditure Travel Expense		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type 002		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. John Kuhl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 24460.46		2008	
Full Name (Last, First, Middle, Initial) of Payee NRA Institute for Legislative Action		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 11250 Waples Mill Road		Amount 1817.16	
City State Zip Code Fairfax VA 22030		Transaction ID: 26942415	
Purpose of Expenditure Travel Expense		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 002		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 12624205.50		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		3634.33	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mary Rose Adkins Signature		Date M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0	